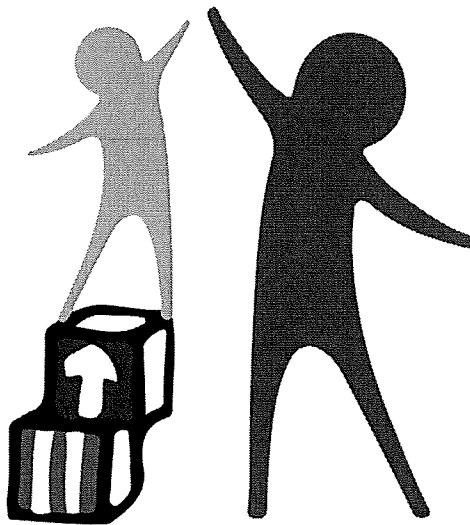


# Child-Parent Centers, Inc.



## Request for Proposals

Linen Services

2022-2025

Dated: 4/12/2022

# PURPOSE AND GENERAL SCOPE OF WORK

## Summary

Child-Parent Centers, Inc. (CPC) is seeking proposals for linen services. CPC is a Federally-funded, non-profit organization that provides Head Start (HS) and Early Head Start (EHS) services. We are the designated Federal grantee serving southeast Arizona. Services will include linen products to meet our Janitorial and Food Service needs related to cleaning and food service activities to 39 Head Start Centers and 1 administrative location within Southeastern Arizona.

Our primary mission is to provide school readiness programs for low-income children entering kindergarten. We serve ages three to five in our Head Start Program and ages birth to three in our Early Head Start Program. Our program provides nutritional, social, and academic services to the children and to their families.

Our agency currently serves more than 3000 children and employs approximately 600 employees in 41 locations located in Pima, Santa Cruz, Cochise, Graham, and Greenlee counties.

## TERMS OF SERVICE

Services will be contracted for a period of three years after the date of award and contract is executed. Contractor will provide services on a year-round basis.

## Linen Service Specifications:

*Costs are to include the following:*

- Costs per item as listed on Bid Sheet #1.
- Cost of weekly Laundry Service for up to 5 centers on Bid Sheet #1.
- Weekly delivery total charge on Bid Sheet #2.

*Food Service Linen*

- Provide bar towels that meet food service grade specifications
  - Are used for cleaning of countertops, kitchen appliances, anything food service related
- Provide wash cloths that meet food service grade specifications
  - Are used for table setting for family style meals
- Provide aprons with pockets to be used by kitchen staff only
  - Are used for kitchen staff only

### *Janitorial Linen*

- Provide glass towels used for cleaning various window products
  - Are used for cleaning windows, mirrors, and any glass products throughout the center
- Provide towels used for all general cleaning (**preferably not dark colored dye as it leaves lint all over items**)
  - Are used for cleaning toilets, floors, wipe up spills, baseboards, doors, vehicles, and every other part of the building
- Provide dust mops and handles if needed
  - Are used by staff to dust mop and sweep floors throughout the center
- Provide wet mops and handles if needed
  - Are used by our staff to mop all areas of the building

### *Delivery*

- To deliver all linen weekly to each center
  - Must provide a receipt signed by a CPC staff member upon delivery
  - Must separate invoices for food service and janitorial related items
  - Will coordinate best delivery days and times with kitchen staff and site supervisor at each location
  - Must pick up dirty linen and exchange with new linen normally stored in the center's custodial closet
  - Will need to coordinate with staff on site to have custodial closet unlocked
  - Must provide careful attention while children and parents are present.

### Laundry Service (for centers that do not have the ability to have a washer/dryer)

- Centers that may need service: Summit View, Los Niños Sunnyside, Wright, Southside and Mission Manor
- Frequency of service: Weekly
- Average volume of laundry: 10-15 pieces
- Brief description of items to be laundered: Small sheets and small blankets

### *General Considerations:*

- Vendor must be able to deliver linens to all facilities on the delivery list on a weekly basis.
- Vendor must provide "inside delivery" of linens to each of the 40 locations during hours of operation, which are normally 8:00 a.m. to 2:30 p.m.
- Vendor **must** leave a receipt with each delivery that has to be signed by a Child-Parent Center, Inc. staff member.
- Only designated agency staff are allowed to adjust approved items
- Non-approved items are not allowed to be added to a delivery inventory, and will not be paid for, ***unless approved at the administration level.***

### *Special Considerations:*

- Vendor will provide a monthly statement with each center charges listed separately. A delivery ticket or invoice for each center will be attached.
- Vendors that can provide service to all locations will be given priority.
- At end of service period, vendor agrees to have driver pick up all linens and equipment remaining at the facility and to provide a final count to the facility for verification and signature. For centers that close down for summer the final day will be a Friday, usually the third week of May.
- Child-Parent Centers reserves the right to reject materials that do not meet quality standards without penalty.
- Additional facilities may be added during the school year and vendor agrees to provide services at contracted rate. Facility location and vendor delivery area will be considered for any add on sites.

## **PROPOSAL INSTRUCTIONS**

Include the following attachments and documents in your Proposal:

- Bid Sheet #1
- Bid Sheet #2
- RFP Submittal/Decline Form – **Attachment A**
- Vendor/Bidder Fact Sheet and Questionnaire – **Attachment B**
- Debarment Certification – **Attachment C**
- W-9 Form – **Attachment D**
- Copy of Certificate of Liability Insurance
- Copy of Workman's Compensation Certificate
- Copy of Business License
- Sample Monthly Statement
- Sample Billing Invoice
- Sample Delivery Receipt

Proposal must be for specifications only. Any additional services provided must be listed on separate page with listing of any additional costs.

## **PROPOSAL GUIDELINES AND REQUIREMENTS**

This is an open and competitive process.

If the independent provider or agency is not able to submit a proposal at this time, we ask that the decline box be marked on the Submittal/Decline form and return it to Kristi Rosing by fax at (520) 884-0605 or email to [krosing@childparentcenters.org](mailto:krosing@childparentcenters.org).

Proposals from agencies must contain the signature of a duly authorized officer or agent of the agency submitting the proposal.

Provisions of this RFP and the contents of the successful responses are considered available for inclusion in final contractual obligations.

CPC will negotiate agreement terms upon selection. All agreements are subject to review by CPC legal counsel, and the bid will be awarded upon signing of an agreement which outlines terms, scope, rates, and other necessary items.

In the event that the awarded agency/individual fails to perform the scope of work or becomes insolvent after the agreement is signed, CPC reserves the right to cancel.

Please review the specifications and mail or deliver your proposal to:

Kristi Rosing  
Procurement Specialist  
Child-Parent Centers, Inc.  
602 E. 22<sup>nd</sup> St.  
Tucson, AZ 85713

All proposals must be received by **Wednesday May 25, 2022** no later than **3:00 pm**. Proposals must be clearly marked "**Sealed Bid – Linen Services RFP 2022-2025**".

If you have additional questions regarding the requirements, please email questions to [krosing@childparentcenters.org](mailto:krosing@childparentcenters.org). All questions must be received by **Friday May 20, 2022**.

Our open competition policies require prospective vendors to submit all questions in writing. Funding requirements do not allow CPC to accept verbal quotes.

**Please note:** All instructions must be followed in order to be considered for this proposal. Prospective vendor **may not** be considered if **all** necessary information and documents are not provided with proposal. Preference will be given to vendors who can provide requested services to all of our Head Start facilities.

# 2022 LINEN BID SHEET #1

Please list the price per each item

Vendor: \_\_\_\_\_

Date: \_\_\_\_\_

ITEM	COST PER UNIT
<b>BAR TOWEL</b> (Food service grade)	
<b>WASH CLOTH</b> (Food service grade)	
<b>BIB APRON with POCKET</b> (Food service)	
<b>COLORED TOWEL (Used for general purpose use, floors, spills)</b>	
<b>GLASS TOWEL</b>	
<b>DUST MOP</b>	
<b>WET MOP (Regular mop head)</b>	
<b>WET MOP (Micro fiber mop)</b>	
<b>COST PER ITEM THAT IS CONSIDERED LOST/DAMAGED</b>	
(Alternate) MICRO FIBER CLOTH for general cleaning	

<b>POSSIBLE LAUNDRY SERVICE</b>	10 - 15 PIECES to include small sheets and small blankets Weekly Charge	
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# 2022 LINEN BID SHEET #2

Vendor Name : \_\_\_\_\_

Date: \_\_\_\_\_

CENTER	ADDRESS	CITY	WASH CLOTH	BAR MOP food service grade	BAR MOP (general cleaning)	APRON	BAG/RCK	DUST MOP (22")	WET MOP (HEAD ONLY)	GLASS TOWEL	WEEKLY DELIVERY TOTAL CHARGE
COBRE DEL SOL	951 HEAD START WAY	Bisbee	60	10	30	12	2	2	9	15	
BONITA	1201 16TH ST	Douglas	80	10	40	12	1	2	12	20	
LA ESCUELITA	460 1/2 F Ave	Douglas	30	10	30	12	2	2	6	10	
DUNCAN	1 MCGRATH Ave	Duncan	15	10	20	6	2	1	6	5	
MARANA	13660 N. MCDUFF Rd	Marana	30	10	20	6	2	2	6	10	
CHALLENGER	901 CALLE MEYER	Nogales	40	10	60	12	2	2	6	10	
NOGALES	125 MADISON Ave	Nogales	80	10	60	12	2	8	20	20	
WESTERN	686 N. WESTERN Ave	Nogales	40	10	60	12	2	2	6	15	
PIMA	310 S. 200 EAST ST	Pima	40	10	45	12	2	2	6	10	
RIO RICO	1412 W. FRONTAGE RD	Rio Rico	40	10	20	12	2	2	6	10	
SIERRA BONITA	1415 CENTRAL Ave	Safford	40	10	60	12	3	2	6	18	
CARMICHAEL	701 CARMICHAEL DR	Sierra Vista	40	10	30	12	2	2	6	10	
PDS	5142 PASEO LAS PALMAS	Sierra Vista	40	10	30	12	2	2	6	10	
ADMINISTRATION	602 E. 22ND ST	Tucson	0	0	60	0	1	10	20	40	
AMPHI	1075 W. ROGER Rd	Tucson	30	10	30	6	2	2	6	10	
CAVETT	2125 E. POQUITA VISTA	Tucson	60	10	30	12	2	2	6	10	

# 2022 LINEN BID SHEET #2

Vendor Name : \_\_\_\_\_

Date: \_\_\_\_\_

CENTER	ADDRESS	CITY	WASH CLOTH	BAR MOP	BLUE BAR MOP	APRON	BAG/RCK	DUST MOP (22")	WET MOP (HEAD ONLY)	GLASS TOWEL	WEEKLY DELIVERY TOTAL CHARGE
CORONADO	3401 E. WILDS ROAD #17	Tucson	30	10	20	6	2	2	6	10	
DESERT WINDS	13655 W. RUDASILL	Tucson	30	10	20	6	2	2	6	10	
ELVIRA	250 W. ELVIRA	Tucson	60	10	30	12	2	2	6	10	
ERICKSON	3333 S. MANN	Tucson	40	10	30	12	2	2	6	10	
HOMER DAVIS	4258 N. ROMERO	Tucson	30	10	32	6	1	2	6	10	
JACINTO PARK	701 W. TIPTON	Tucson	40	10	30	12	2	2	6	10	
KEELING	435 E. GLENN	Tucson	30	10	20	6	2	2	6	10	
LAGUNA	5001 N. SHANNON Rd	Tucson	30	10	20	6	2	2	6	10	
LIBERTY	5495 S Liberty	Tucson	65	10	30	12	2	2	9	15	
LNS	5445 S. ALVERNON WAY	Tucson	30	10	20	6	2	2	6	10	
MISSION MANOR	6009 S. SANTA CLARA	Tucson	80	10	60	12	2	2	9	15	
MORNING STAR	1201 E. 25TH St	Tucson	30	10	30	6	1	1	6	10	
NORTHWEST	2160 N. 6TH Ave	Tucson	15	10	20	6	2	2	6	10	
PRINCE	90 E. KING RD	Tucson	30	10	20	6	2	2	6	10	
ROBERTS	1945 S. COLUMBUS BLVD	Tucson	65	10	50	12	2	2	6	15	
SANTA CLARA	6970 S. SANTA CLARA Ave	Tucson	30	10	30	6	2	2	6	10	
SANTA ROSA	1065 S. 10th AVE	Tucson	80	10	40	12	2	2	9	20	
SOUTHSIDE	317 W. 23RD St	Tucson	40	10	40	12	2	2	6	15	
SUMMIT VIEW	10170 S. EPPERSON Lane	Tucson	30	10	20	6	2	2	6	10	
SUNNYSIDE	1105 E. DREXEL	Tucson	80	10	40	12	1	2	12	20	



# 2022 LINEN BID SHEET #2

Vendor Name : \_\_\_\_\_

Date: \_\_\_\_\_

CENTER	ADDRESS	CITY	WASH CLOTH	BAR MOP	BLUE BAR MOP	APRON	BAG/RCK	DUST MOP (22")	WET MOP (HEAD ONLY)	GLASS TOWEL	WEEKLY DELIVERY TOTAL CHARGE
WALTER DOUGLAS	3232 N. FLOWING WELLS	Tucson	40	10	30	12	2	2	6	10	
WRIGHT	2080 N. COLUMBUS	Tucson	80	10	20	12	2	2	12	10	
WILLCOX	501 W. STEWART	Willcox	30	10	35	6	2	2	6	10	

# RFP Submittal/Decline Form

## Linen Services 2022-2025

Date: \_\_\_\_\_

Check one of the following:

- Submitting a proposal
- Declining a proposal – We would appreciate if you would please provide a brief explanation of why you are declining at this time. Thank you!

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Agency Name:	Agency Contact:
Agency Address:	Agency Telephone:
	Agency Fax:
	Agency Email:

If submitting a proposal, please include the following:

1. RFP/Bid Submittal Decline Form (**ATTACHMENT A**)
2. Vendor/Bidder Fact Sheet and Questionnaire (**ATTACHMENT B**)
3. Debarment Certification Form (**ATTACHMENT C**)
4. W-9 Form (**ATTACHMENT D**)
5. Bid Sheet #1
6. Bid Sheet #2
7. Certificate of Liability Insurance (provide copy)
8. Workman's Compensation Certificate (provide copy)
9. Business License (provide copy)
10. Sample Monthly Statement
11. Sample Billing Invoice
12. Sample Delivery Receipt

*CPC must have these on file to consider you for a contract or bid award.*

To assist us in meeting our reporting guidelines, please return this form with the RFP submittal or if declining fax to CPC, Inc. attention Kristi Rosing at (520) 382-1509 or email to [krosing@childparentcenters.org](mailto:krosing@childparentcenters.org)

# VENDOR/BIDDER FACT SHEET AND QUESTIONNAIRE

Please return to:  
**CHILD-PARENT CENTERS, INC.**  
Procurement Department  
602 E. 22<sup>nd</sup> St.  
Tucson, AZ 85713

DATE: \_\_\_\_\_

NAME OF COMPANY/DIVISION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OFFICE HOURS: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_ HOW LONG IN BUSINESS?: \_\_\_\_\_

REPRESENTATIVE EMAIL ADDRESS: \_\_\_\_\_

IDENTIFY YOUR BUSINESS OR SERVICES YOUR BUSINESS PROVIDES:  
\_\_\_\_\_  
\_\_\_\_\_

## LEGAL STRUCTURE:

Sole Proprietorship: \_\_\_ Partnership: \_\_\_ Corporation: \_\_\_

\*Vendors supplying services (contracting, etc.) shall supply the following:

Federal Employers Tax I.D. number (TIN): \_\_\_\_\_

Contractor license types/numbers held: \_\_\_\_\_

## SELF-CERTIFICATION CATEGORIES – PLEASE CHECK APPROPRIATE CATEGORIES:

### NOTE: DEFINITIONS –

“Control” is defined as exercising the power to make policy decisions.

“Operated” is defined as actively involved in the day-to-day management and not merely acting as officers or directors.

\_\_\_\_ LARGE BUSINESS – A domestic concern which, including domestic and foreign divisions and affiliates, normally employees 500 or more persons, is independent or publicly owned or controlled and operated, and which may be a division of another domestic or foreign concern.

\_\_\_\_ SMALL BUSINESS – The term “small business” shall mean a small business as defined pursuant to section 3 of the Small Business Act and in relevant regulations promulgated thereto. Generally, unless your firm is operating in an industry with a special size standard, it is considered small if (a) it has fewer than 500 employees for manufacturing industries, (b) has average annual receipts for three (3) preceding years of less than \$12 million for general construction (c) has average annual receipts for preceding fiscal years of less than \$2 million for service industry.

\_\_\_\_ MINORITY OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more minority individuals; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more minority individuals, and whose management and daily business operations are controlled by one or more minority individuals. Please check the appropriate group(s) listed here and note percentage of ownership.

\_\_\_ (F) = Female      \_\_\_ (M) = Male      \_\_\_ Black Americans      \_\_\_ Hispanic Americans  
\_\_\_ Asian-Indian Americans      \_\_\_ American Indians      \_\_\_ American Eskimos and Aleuts      \_\_\_ Other Designated Minority  
\_\_\_ Native Hawaiians

Please specify: \_\_\_\_\_

\_\_\_\_ ARE YOU A U.S. CITIZEN?

\_\_\_\_ WOMEN OWNED BUSINESS – a concern that is at least fifty-one percent (51%) owned by one or more women: or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more women.

\_\_\_\_ HANDICAPPED-OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more individuals who have a physical or mental impairment that substantially limits one or more major life activity. The individuals(s) must either have a record of such impairment or correctly regard him-herself(selves) as having such an impairment or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more handicapped persons, and whose management and daily business operations are controlled by one or more such individuals.

\* Mandatory

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS**

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76 certifies to the best of his or her knowledge and belief that it and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transaction (Federal, State or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The Department of Health and Human Services' (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided below without modification in all lower tier covered transactions.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS  
(TO BE SUPPLIED TO LOWER TIER PARTICIPANTS)**

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR, Part 76, certifies to the best of its knowledge and belief that it and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

**CERTIFICATION REGARDING LOBBYING FOR CONTRACTS, GRANTS, LOANS  
AND COOPERATIVE AGREEMENTS**

The undersigned certifies to the best of his or her knowledge and belief, that:

- 1. No Federal appropriate funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of an agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby agree to the above certifications and assurances.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Date

04/13/22

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.